

CHAPTER 1 SECTION 21.1

ALLERGY TESTING AND TREATMENT

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I. PROCEDURE CODE RANGE

95004 - 95199

II. DESCRIPTION

The testing and treatment of conditions related to allergies.

III. POLICY

Allergy testing and treatment are covered based on medical necessity. All claims for allergy testing must indicate the type and number of tests performed.

IV. POLICY CONSIDERATIONS

A. The following guidelines apply to payment of claims for allergy testing:

1. IgE immunoassays testing that includes RAST (Radio Allergosorbent Test), FAST (Fluoro Allergosorbent Test) and IPA (Immunoperoxidase Assay Test). Below are some examples in which the use of RAST testing may be cost-shared based on medical necessity:

- a. Testing of patients with severe dermatographism, ichthyosis, or generalized eczema;
- b. Testing in patients who have been receiving long-acting antihistamines, tricyclic antidepressants, or medications that may put the patient at undue risk if they are discontinued;
- c. Testing of patients that are 6 months of age or younger;
- d. Testing of uncooperative patients with mental or physical impairments;
- e. The evaluation of cross-reactivity between insect venoms;
- f. Postmortem examination for IgE antibodies to identify allergens responsible for lethal anaphylaxis;

- g. **As adjunctive laboratory tests for disease activity of allergic bronchopulmonary aspergillosis and certain parasitic diseases;**
- h. **Testing as an adjunct to history and physical examination for the diagnosis of allergic diseases and planning of immunotherapy in individuals with contraindications to skin testing.**
- i. Direct skin testing is inconclusive and a further diagnostic test is necessary.

2. Total serum IgE Concentration (also known as PRIST and RIST);

NOTE: This test is not indicated for all allergic patients. It should be reserved for those patients who are symptomatic and allergy is likely by history, but who have negative allergy results; allergies are not suspected, but the patient remains symptomatic in spite of routine interventions; and in asthmatic patients in which allergic bronchopulmonary aspergillosis (infection of the bronchi and lungs with aspergillus) is suspected.

3. Bronchial challenge testing (also called inhalation challenge testing). The testing is done by having the patient inhale low, gradually increasing concentrations of aerosolized methacholine, histamine, or exposing the patient to dust or fumes in a special exposure chamber. Testing should be done only in a facility with adequate emergency resuscitation equipment close by. The indications for inhalation challenge include:

- a. To diagnose or rule out hyperreactive airways and/or provide supportive evidence when asthma is suspected on clinical grounds.
- b. To identify causative or provocative occupational or other allergens for which skin testing is not reliable.
- c. To identify new allergens for which skin or serum testing has not yet been validated.
- d. To confirm the importance of unavoidable pollen or other inhalant allergens before committing a patient to immunotherapy.

4. **Drug provocation. This test is only used for patients who give a history of a particular drug allergy and who need that specific drug for treatment when no other drug is as effective.**

5. **Skin Testing for drugs. This testing is unreliable except for macromolecules and penicillins.**

B. **Payment for antigen sets for allergy treatments** is to be made **based** on payment policy found in **Chapter 13, Section 3.6** under the subject of legend drugs and insulin.

V. **EXCLUSIONS**

A. The following allergy testing procedures are considered unproven and are not covered:

1. **In vitro** histamine release
2. **Provocative and neutralization testing for food, environmental chemicals, inhalant allergens, and endogenous hormones**
3. Sublingual testing
4. Cytotoxic leukocyte test for food and inhalant allergies
5. Rebuck skin window test
6. Passive transfer (Prausnitz-Kustner) test
7. Rinkel method and all other types of **serial** skin-test end point titration
8. Kinesiology testing. This test involves muscle strength measurements after food ingestion or sublingual application of food extracts.
9. **Reaginic** Pulse test. This test measures the increase of pulse rates after ingestion of a suspected allergic food substance.
10. ELISA - Enzyme-linked immunoabsorbent assay.
11. **Electrodermal diagnosis**
12. **Chemical analysis of body tissue**
13. **Recall skin tests**
14. **In vitro lymphocyte proliferation**
15. **Scratch skin tests**
16. **Food challenge testing performed in connection with clinical ecology programs**

B. The following allergy treatment procedures are considered unproven and are not covered:

1. Sublingual antigen therapy
2. Sublingual neutralization therapy for food and inhalant allergy
3. Urine autoinjection (autogenous urine immunization)
4. Intracutaneous (intradermal) and subcutaneous neutralization therapy for food allergies
5. Injections of antigens based on Rinkel method of immunotherapy or other type of **serial** skin-test end point titrations

6. Immunotherapy involving any injection of a food antigen
7. Chemical exposure avoidance, special diet therapy, drug therapy and neutralization therapy for environmental allergies
8. Total serum IgE concentration in cord blood.

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